

Instructions for Completing WIC Certification Forms

Participant and Diet History/Health History

(Infants Birth through 11 months)

Participant Form, WIC-36

◆ Completing the form

Information must be recorded in all sections, except in *shaded* areas of the Participant form, which are *optional*. For specifics on the data entry of this information, refer to the Texas-WIN Local Agency & Clinic Reference Manual.

Cert Date/Cert Expires: (shaded, optional field) Record the date the certification was completed and the date the certification expires. The certification expiration date can be obtained from the computer after data entry. Although this section is optional, it is highly recommended that the certification date be recorded. This information is useful when conducting quality assurance audits (self-audits), if the Texas-WIN system is down or unavailable, or if the form becomes dislodged from the file.

Project/Site: Record the local agency's project number and the site number where the applicant is certified. If the participant transfers to another clinic, the receiving clinic must record the new site number on the form.

Family ID: (shaded, optional field) Record the number located on the Family Identification (FID) card.

Out-of-State Transfers: (shaded, optional field) Completing the Participant Form for out-of-state transfers is not required, but encouraged.

Out-of-State Transfer: Check "Y" for yes or "N" for no for "Out-of-State" transfers only.

Priority: You do not need to write the priority level on the form. The computer will automatically assign the priority level.

Cert Expires: Record the certification expiration date.

Name: Record the applicant's last and first name. Middle name is not required.

Social Security Number: Record the infant's social security number, if available. Although the boxes in this section are not shaded on the form, entering the social security number it is not required, but encouraged. If the parent/guardian/caregiver is unable to provide the social security number, the boxes may be left blank. Verbal declarations are acceptable (written proof is not mandatory). Refer to Policy CS: 03.6, Collection and Use of Social Security Numbers.

Date of Birth: Record the infant's date of birth.

Sex: Identify the infant's gender by checking either "M" for male or "F" for female.

Ethnicity: Identify the infant's race/ethnicity by either checking or circling the appropriate category. Visual determination of ethnicity should be used, unless the LA personnel cannot identify the participant's race/ethnicity in this way. Refer to Policy CR: 09.0, Collection of Racial/Ethnic Data.

Identification Verification Method: Identify the document used to verify the identification of the infant by checking or circling one identification method. Refer to CS:2.0, Identification of WIC Applicant.

Other Program Participation: Identify all programs in which the applicant currently participates by either circling or checking the appropriate programs. Recording the **Medicaid number** is optional (shaded, optional field).

Immunizations: Check "Y" for yes or "N" for no to indicate the infant's immunization status upon leaving the clinic.

Height/Weight: Record the infant's length to the nearest 1/8 inch and weight to the nearest ounce.

Measure date: Recording the date is not required unless the measurements were taken on a day other than the certification date.

Diet Score: As of April 1, 1999, dietary deficiencies are no longer calculated for infants. The diet score is prerecorded as XX on the Participant Form. Dietary deficiencies are now identified as individual risk codes and recorded on the back side of the Participant Form, WIC Infant Nutritional Risk Codes.

Hct/Hgb: Record either the hematocrit or hemoglobin value obtained for infants 6 months of age or older. Do not obtain a hematocrit or hemoglobin on infants under 6 months of age.

Health Care Sources: Identify the applicant's source of health care by either checking or circling the appropriate information. One or more sources may be identified.

Referred From: Identify the source which best represents where the participant was referred from to WIC by either checking or circling the appropriate information.

Referred to: Identify **all** referrals made to the applicant by either checking or circling the appropriate information. This includes verbal, as well as written referrals.

Nutritional Risk conditions are listed on the back side of the Infant Participant Form - WIC-36. Nutritional risk conditions must be identified by either circling or checking the appropriate codes. Risk codes may be listed on the front of the Participant Form for ease of data entry, if desired, but they must be identified on the back of the form as official documentation.

Risk code 702 is to be used only when no other risk condition is found for the infant of a breastfeeding mother. Identify the highest priority level that corresponds with the identified risk codes for the breastfeeding mother at nutritional risk and ensure that the highest priority level is assigned to the infant. Record the priority level on the line provided next to risk code 702, or in an adjacent area, to properly identify the priority level for data entry.

NOTE: This is the only risk code in which the infant's and breastfeeding mother's priority levels MUST match. If the infant is identified as having other risk conditions, DO NOT assign this risk code and DO NOT attempt to match their priority levels.

Birth Weight: Record the infant's weight at birth.

Weeks Gestation: Record the number of weeks gestation.

Currently Bf: Check "Y" for yes if the infant is currently breastfed or "N" for no if the infant is not currently breastfed.

Date Ended Bf:

If the infant is *currently breastfed*, leave this section blank.

If the infant *was breastfed* for some time, but is no longer breastfeeding, enter the date the infant *stopped nursing*.

If the infant was *never breastfed*, enter the infant's date of birth.

Food Pkg Code: Record the food package number that corresponds with the infant's age and food package description. **An infant 0 to 3 months who is exclusively breastfed and receives no formula will not have a food package code, so no code will be entered on the assessment form or in the WIN system.**

Rx Exp Date: If the infant is receiving non-contract formula, the formula prescription expiration date must be documented on the Participant Form. *Changes* in the prescription expiration date *may* be documented in the additional formula prescription expiration date boxes. Documentation of prescription changes on the Participant form is *optional*, as long as the *changes* are documented elsewhere (e.g., non-contract formula prescription form or progress notes) in the participant's chart.

Formula Code: If the infant is receiving formula, the appropriate formula code must be documented on the Participant Form. If the infant is breastfed only, leave this section blank. For infants receiving non-contract formula, *changes* in the formula code may be documented in the additional formula code boxes. **Recording these changes in the boxes is optional**, as long as the changes are documented elsewhere (e.g., non-contract formula prescription form or progress notes) in the participant's chart.

NE Code: Record the nutrition education code/s which correspond with the nutrition education provided.

Infant Diet History/Health History Form, WIC-42

◆ General Instructions

1. Record the infant's name, date of birth and age in months in the shaded top right corner of the **Diet History** form (WIC-42).
2. Ask the parent/guardian/caregiver to record the infant's name and the date on the top of the back side of the form. **This is optional and at the discretion of the local agency.** The intent of including this information is to allow Local Agency staff a method to "double check" names and their spelling or to ensure that the proper form is completed for the appropriate child in cases where the parent/guardian/ caregiver may be completing several forms at one time.
3. Instruct parent/guardian/caregiver to answer all the questions on the left side on both sides of the form by placing a check mark in the appropriate "Yes" or "No" blank, including the Health History. Instruct them to list all the foods and beverages, in addition to breastmilk and/or formula, consumed in the past 24 hours or on a typical day if more appropriate (e.g., if the infant was sick or the parent/guardian/ caregiver was not with the infant in the past 24 hours). ***The shaded areas on this form are intended for staff use only.*** If the parent/guardian/caregiver is unable to complete the questions, the Competent Professional Authority (CPA) should obtain information through client interview. Some local agencies may opt to have staff complete the form instead of the participant.
4. Review the applicant's responses, identify any and all problems and verify/clarify answers in the shaded areas on the **Diet History and Health History Form**. "Yes" responses need to be clarified to determine if answer is appropriate and valid. The shaded area provides a **Comments** section to clarify answers. If you identify that the client has responded "Yes" to a health question, but further probing revealed that it really is not a risk condition, note clarification in the "Comments" section and place a check mark in the **NV (not valid) column**. The **Code** column is for applicable risk codes. The appropriate risk code/s for each problem identified as a valid risk condition may be either circled or written on the Diet History. Dietary Recall and Assessment for Infants - WIC-42 and must be recorded on the **Infant Participant Form (WIC Infant Nutritional Risk Codes)** *after* all sections on both sides are completed. It is optional, but highly recommended, to circle the risk codes and/or to write in the risk codes not listed on the form. However, **it is mandatory that all identified risk criteria be circled or checked on the Infant Participant Form (WIC Infant Nutritional Risk Codes)**.
5. It is important to refrain from evaluating the diet information or initiating counseling during the interview. The applicant will be more likely to release personal and confidential information about the diet and health history during the interview if the CPA remains

nonjudgmental and encouraging. Identified problems should be addressed through counseling *after* all information is obtained and assessed.

6. Entering the date and name of the staff member/s taking and/or assessing the diet recall information at the bottom of the **Diet History** side of the form **is optional and at the discretion of the Local Agency Director.**

Diet History - 24-Hour Dietary Recall and Assessment for Infants

◆ Step-by-Step Instructions

1. All Infants:

Identify if the infant has any of the following:

Therapeutic diet or special feeding instructions
Developmental feeding problems

Describe specific problems and circle **Code 362, Developmental, Sensory or Motor Delays Interfering with the Ability to Eat**, if any of these problems are identified. These problems may be the result of minimal brain function, developmental delays, birth injury, head trauma, brain damage or other disabilities. Infants with developmental problems are at increased risk for nutritional problems.

2. Breastfed Infant, Total or Partial (Infant may receive breastmilk in a bottle and still be considered breastfed):

Indicate the number of feedings in past 24 hours and the average length of feeding from the breast.

Circle **Code 418, Infrequent Breastfeeding as Sole Source of Nutrients**, if infant is totally breastfed (receives no formula/solids) and is younger than 2 months of age receiving less than 8 feedings in 24 hours **OR** is 2 months or older and is receiving less than 6 feedings in 24 hours.

Identify any problems with breastfeeding
Determine number of wet diapers per day

Describe specific problems and circle **Code 603, Breastfeeding Complications/Potential Complications**, if complications were identified. Refer to the Texas Nutrition Risk Code Manual, Risk Code 603, Justification section, to distinguish “breast milk jaundice” (late-onset), from “breastfeeding jaundice” (physiologic or early-onset), and to obtain more information on the above conditions.

3. Formula-Fed Infant (If infant is breastfed only, skip this section.)

Identify and record the brand/type of formula or milk.
Identify the form of the formula: powdered, concentrated liquid or ready-to-use formula.

Determine if formula is iron fortified. If **NO**, determine if the infant is taking iron drops.

Ask mother/caregiver how the formula is diluted and mixed (see Standard Formula Dilution Chart) and record the information in the space provided.

Determine and record if anything other than water is added to the formula.

| Standard Formula Dilution | | |
|---|--------------------------|------------------------|
| <i>Type of Formula</i> | <i>Amount of Formula</i> | <i>Amount of Water</i> |
| Powdered Formula | | |
| Ratio | 1 scoop | 2 oz. |
| for 4 oz. bottle | 2 scoops | 4 oz. |
| for 8 oz. bottle | 4 scoops | 8 oz. |
| Concentrated Liquid Formula | | |
| Ratio | 1 oz. | 1 oz. |
| for 4 oz. bottle | 2 oz. | 2 oz. |
| for 8 oz. bottle | 4 oz. | 4 oz. |
| Ready-to-use formula requires no dilution. | | |

Circle **Code 413, Feeding Cow's Milk**, if whole, low-fat, reduced fat, skim, or nonfat cow's milk (fresh, canned evaporated or sweetened condensed), or recipes using any of these products as the primary source of milk, is fed to infant before 12 months of age.

Circle **Code 411, Inappropriate Infant Feeding Practices**, if infant is fed goat's milk, sheep's milk, imitation milks, or substitute milks in place of breastmilk or FDA-approved infant formula during first year of life. This includes infants 0 to 6 months of age who are not fed breastmilk or iron-fortified formula as primary source of nutrients or infants 7 months or older who do not consume breastmilk or iron-fortified formula as their primary fluid (includes infants prescribed low iron formula without iron supplementation).

Circle **Code 415, Improper Dilution of Formula**, if formula is not prepared according to manufacturer's dilution instructions or specific instructions accompanying a prescription, this includes routine over-dilution or under-dilution of formula, or if anything other than water is added to the formula.

Circle **Code 411, Inappropriate Infant Feeding**, if honey is added to the formula.

Honey has been implicated as the primary food source of *Clostridium botulinum* during infancy. These spores are extremely resistant to heat and are not destroyed by present methods of processing honey. Botulism in infancy is caused by ingestion of the spores, which germinate into the toxin in the lumen of the bowel.

Circle **Code 416, Feeding Other Foods Low in Essential Nutrients**, if corn syrup, sugar, salt, or other inappropriate foods are added to the formula.

4. **Bottle-Fed Infant, Breastmilk and/or Formula:** If infant does not receive any liquids in a bottle, this section can be skipped.

Inappropriate Infant Feeding

Ask parent/guardian/caregiver the number of bottles made at one time and record it in the space provided.

Determine and record amount of breastmilk/formula in each bottle.

Determine and record amount of breastmilk/formula consumed at each feeding.

Determine and record number of bottles consumed in a 24-hour period.

Estimate/calculate total amount of breastmilk/formula consumed in 24-hours and record in space provided.

Ask parent/guardian/caregiver how long one can of formula lasts and record the information in the space provided.

Circle **Code 411, Inappropriate Infant Feeding**, if infant is **NOT** breastfed and is receiving:

Inadequate amount of formula:

0 through 3 months - less than 20 oz. in 24 hours

4 through 5 months - less than 26 oz. in 24 hours

6 through 11 months - less than 24 oz. in 24 hours

OR

Excessive amount of formula:

0 through 4 months - more than 40 oz. in 24 hours

5 through 9 months - more than 36 oz. in 24 hours

10 through 11 months - more than 32 oz. in 24 hours

Note: A 13-oz. can of concentrated liquid formula makes 26 ounces of prepared formula; a 14-oz. can of powdered formula makes about 100 fluid oz. of prepared formula; a 16-oz. can of powdered formula makes about 120 fluid oz. of prepared formula.

A 13-oz. can of concentrated liquid formula should last approximately one day, one 14-oz. can of powdered formula should last about three to four days, and one 16-oz. can of

powdered formula should last about four to five days. Ready-to-use formula generally comes in 8-oz. and 32-oz. cans and requires no dilution.

Lack of Sanitation in Preparation, Handling, and Storage of Formula or Expressed Breastmilk

Determine if water is boiled before it is mixed with formula.

Ask parent/guardian/caregiver what is done with leftover breastmilk/formula that is in the bottle and record the answer in the space provided.

Ask parent/guardian/caregiver how bottles/equipment are cleaned. Bottles and equipment should be washed in hot, soapy water or in a dishwasher. Nipples and bottles should be cleaned with a nipple/bottle brush to remove formula residue. Indicate method in the space provided.

Ask parent/guardian/caregiver how bottles of breastmilk/formula are stored and indicate the answer in space provided.

Circle **Code 417, Lack of Sanitation in Preparation, Handling, and Storage of Formula or Expressed Breastmilk**, if any of the following problems are identified:

- 1) If infant is younger than 3 months and water is not boiled.
- 2) Unsafe water.
- 3) No stove for sterilization.
- 4) Failure to practice appropriate sanitation techniques in preparing bottles.
- 5) Feeding formula that has been at room temperature for more than 2 hours, stored in refrigerator for longer than 48 hours, remains in a bottle one hour after the start of feeding, and/or left in a bottle from an earlier feeding.
- 6) Feeding fresh breastmilk held in the refrigerator for more than 72 hours, adding fresh breastmilk to already frozen breastmilk in a storage container, feeding previously frozen breastmilk thawed in the refrigerator that has been refrigerated for more than 24 hours, and/or saving breastmilk from a used bottle for use at another feeding.

Until infants are at least 3 months of age (or until a physician indicates otherwise), bottles and equipment should be boiled and formula should be prepared with water that has been boiled for five minutes and cooled. If there is any doubt about the safety of the infant's water supply or the cleanliness of the infant's environment, then sterilization of water, bottles and equipment should continue as long as the infant takes formula. For example, during times of flooding, city water may become contaminated. **If bottled water is used, it is recommended that it be boiled as above to insure proper sterilization.** Distilled water may be the best choice as it may have fewer contaminants than mineral or spring water.

Even if well-water is boiled, it may still be unsafe for drinking due to contaminants.

Local health departments can be contacted concerning the safety of the water. If lead contamination is an issue, bottled water should be used for diluting liquid-concentrate or powdered formula.

Prepared formula should be stored in the refrigerator. Prepared formula from powder or concentrate should be used within 24 to 48 hours. For specific storage instructions, refer to the manufacturer's recommendations on the formula can. Prepared formula can spoil if not refrigerated.

Leftover formula/milk should not be fed to the infant, even if it is stored in the refrigerator. Leftover formula/milk is contaminated by bacteria in the infant's saliva, and milk is an ideal medium for bacterial growth. Refrigeration does not destroy bacteria. Leftover formula/milk should always be discarded.

Inappropriate Use of Nursing Bottles

Ask parent/guardian/caregiver if the infant is put to bed with a bottle and record answer in the space provided.

Ask if parent/guardian/caregiver props the bottle for the infant and record answer in space provided.

Determine and indicate in the space provided if the infant is allowed to crawl/walk with the bottle or if the bottle is used to pacify the infant.

Determine and record if the bottle is used to feed liquids other than breastmilk, formula, or water.

Circle **Code 419, Inappropriate Use of Nursing Bottles**, if **YES** is answered to any of the above questions.

Infants should not be put to bed with a bottle, regardless of what's in it because of the risk of choking. Also, formula or juice that pools in the mouth can cause tooth decay.

Infants younger than 6 months should be held when given a bottle. Bottles should not be propped because propping the bottle can cause the following problems: choking from liquid flowing into the lungs, ear infections because of fluid entering the middle ear and not draining properly, and tooth decay from prolonged exposure to carbohydrate-containing liquids. Also, holding an infant promotes bonding and nurturing which makes them feel secure.

Routine use of the bottle to feed liquids other than breast milk, formula, or water includes: fruit juice, soda, soft drinks, gelatin water, corn syrup solutions, milk, other sugar-containing beverages, and diluted cereal or other solid foods.

5. All Infants:

Ask parent/guardian/caregiver if any foods/beverages other than formula/breastmilk have been introduced. If **YES**, indicate during what month (age of infant) and the foods and/or beverages offered to the infant. List the foods and/or beverages.

Circle **Code 412, Early Introduction of Solid Foods**, if solids have been introduced before 4 months of age.

Circle **Code 411, Inappropriate Infant Feeding**, if no solids have been introduced by seven months of age.

Circle **Code 414, No Dependable Source of Iron After 6 Months**, if the infant is not receiving iron-fortified formula, iron-fortified cereals, meats, or oral iron supplementation.

Turn the page and continue with the 24-Hour Infant Diet Recall

Ask parent/guardian/caregiver to list foods/beverages, including breastmilk or formula, that have been given to the baby in the last 24 hours. This should include all foods, beverages, between meal snacks and before bed snacks eaten during this time period. Clarify all food and beverage items and identify quantity and/or portion sizes (e.g., ounces, teaspoon/tablespoon and cup portions).

Circle **Code 414, No Dependable Source of Iron After 6 Months**, if the infant is not receiving iron-fortified formula, iron-fortified cereals, meats, or oral iron supplementation.

Circle **Code 402, Vegan Diets**, if the parent/guardian states the current practice of intentionally following and providing a vegan diet to the infant. A vegan diet **does not** include any meat, poultry, fish, eggs, milk, cheese, or other dairy products.

Circle **Code 403, Highly Restrictive Diets**, if the infant consumes a diet that is very low in calories, or a diet that severely limits the intake of important food sources of nutrients or otherwise involves high-risk eating patterns.

Ask parent/guardian/caregiver if baby is eating finger foods or finger feeding.

Circle **Code 411, Inappropriate Infant Feeding**, if the infant is between seven and nine months and has not begun to finger feed, or is older than nine months and not yet finger feeding, or foods are fed to an infant of inappropriate consistency, size, or shape that put the infant at risk of choking, regardless of age.

Note: Cases of choking and aspiration have occurred when feeding infants foods of inappropriate size, shape, and consistency. In particular, hard, round smooth, slick, sticky pieces of food or foods that do not break apart easily and that can block breathing should be avoided (such as carrots, grapes, hot dogs, nuts, seeds, hard round candies, popcorn, raw vegetables, tough meat and others).

Ask parent/guardian/caregiver how solid foods are fed to infant.

Circle **Code 411, Inappropriate Infant Feeding**, if solids are fed to infant in the bottle or an infant feeder (which includes enlarging the hole of the nipple to accommodate thickened liquid), if a syringe-type feeder is used, or if infant is fed solids not using a spoon.

Note: Solids should never be fed from a bottle or infant feeder. A spoon is the best method of feeding solids to an infant; it allows them to move food in their mouth using their tongue and to swallow properly. *If a physician has instructed a parent to give an infant cereal in a bottle to treat reflux, note the deficiency, but do not counsel on, contradict or oppose the physician's orders.*

Ask parent/guardian/caregiver *and* record:

If they give water to the infant *and* how much

If they give the infant tea or coffee

If they give the infant colas or other sweetened beverages

If they give the infant other high calorie non-nutritious foods (for example, corn syrup, sugar, and/or salt)

Circle **Code 416, Feeding Foods Low in Essential Nutrients**, if infant is given plain water in an amount greater than 4 oz. to 8 oz. per day, any amount of tea, coffee, colas, any caffeine-containing foods or beverages, or any sweetened beverages or high calorie low-nutrient foods (e.g., corn syrup, sugar, and/or salt). During the nursing period, the amount of water available in breastmilk or formula is sufficient to replace water loss from the skin, lungs, feces, and urine and to provide for growth. Healthy infants usually require little or no supplemental water. *A total of 4-8 ounces per day of plain water is appropriate for infants when solid foods are started or in hot weather for formula-fed or partially breastfed babies.*

Ask parent/guardian/caregiver if honey is given to infant.

Circle **Code 411, Inappropriate Infant Feeding**, if honey is given to infant.

Record any other dietary related risk criteria identified through client interview.

Inappropriate Foods

Inappropriate foods for an infant are those foods that are determined inappropriate based on the infant's developmental status and therefore, may increase the risk of choking, gastrointestinal disturbance and allergic reactions. For example, peanuts and popcorn are inappropriate foods for infants because they can cause choking.

Appropriate Foods

Appropriate foods for an infant are those foods that are determined to be appropriate based on the infant's age and developmental status. For example, cereal is considered an appropriate food for an infant 4 months of age or older. It is *not* an appropriate food for an infant less than this age.

Nonnutritious Foods

Nonnutritious foods are those foods that provide little or no nutrient contribution except calories. For example, sodas and sweetened tea provide no nutrient contribution except calories.

NOTE: Transfer all identified risk codes to **Infant Participant Form (WIC Infant Nutritional Risk Codes)** *after* all sections have been completed. Identified problems should be addressed through counseling *after* all information is obtained and assessed.

WIC Health History for Infants

◆ Step by Step Instructions

The **first five questions** are general health and diet related questions. They do not have specific risk codes assigned under the Code column because they encompass a variety of codes and require the CPA to probe for additional information before identifying a risk. Include information in the “Comments” section to explain/clarify “Yes” answers. If further probing reveals that it really is not a risk condition, note clarification in the “Comments” section and place a check mark in the NV (not valid) column. Examples include:

- Was the infant born with any medical problems? Medical problems could include, **but are not limited to:**
 - 348 - Central Nervous System Disorders** such as neural tube defects, spina bifida.
 - 349 - Genetic and Congenital Disorders** such as cleft lip or palate, Down syndrome
 - 350 - Pyloric Stenosis**
 - 351 - Inborn Errors of Metabolism** such as PKU, galactosemia
 - 362 - Developmental Delays, Sensory or Motor Delays** such as birth injury, brain damage
 - 382 - Fetal Alcohol Syndrome (FAS)**
- Has the infant ever had any health problems? Health problems could include, **but are not limited to:**
 - 342 - Gastro-Intestinal Disorders** including small bowel enterocolitis and syndrome, malabsorption syndromes, and liver disease.
 - 346 - Renal Disease**
 - 352 - Infectious Diseases** including TB, pneumonia, meningitis, parasitic infections, bronchiolitis (usually affects children under 24 months of age) and HIV/AIDS. **The infectious disease must be present within the past 6 months.**
 - 360 - Other Medical Conditions** including cardiorespiratory diseases, heart disease, cystic fibrosis, and persistent moderate or severe asthma.
- Has the infant been in the hospital (other than when born) or in the emergency room? These could include, **but are not limited to:**
 - Surgeries or hospitalizations related to complications to any of the above health problems or medical conditions.
 - Emergency treatment resulting in condition that requires special nutritional considerations or special diets.

The next *two* questions are related to diet:

- Is the infant on a special diet for medical reasons?

Special diets could be the result of any of the above health problems and medical conditions, but could also include food allergies.

- Are there any foods that you limit, avoid or do not give your infant for any reason?

Answers to this questions could include food allergies, milk intolerance or soy allergy, feeding problems or dietary restrictions because of specific health problems. This question also tries to identify any unusual food practices, for example vegan diets, or highly restrictive diets that are very low in calories or nutrients.

The next 3 questions have risk codes identified in the Code column. Include information in the “Comments” section to explain/clarify YES answers. Place a check mark in the **NV** (not valid) box if condition is not a valid risk.

Code 357 addresses **Drug Nutrient Interactions**. List any medications the infant is taking, either prescription or over-the-counter drugs, to determine any drug nutrient interactions.

Code 423 addresses **Inappropriate or Excessive Intake of Dietary Supplements** including vitamins, minerals and herbal remedies. Examples include, but are not limited to inappropriate or excessive amounts of single or multivitamin or mineral or herbal remedy not prescribed by a physician. While many herbal teas may be safe, some have undesirable effects, particularly on infants who are fed herbal teas or who receive breast milk from mothers who have ingested herbal teas. Examples of teas with potentially harmful effects to infants include licorice, comfrey leaves, sassafras, senna, buckhorn bark, and chamomile/manzanilla.

NOTE: Code 423 **DOES NOT** apply to the regular use of a multi-vitamin/mineral supplement that provides no more than 100% of the Daily Value for vitamins and minerals.

Code 424 addresses **Inadequate Vitamin/Mineral Supplementation**. Examples include iron and fluoride. Inadequate iron supplementation would apply to infants 0 to 6 months old receiving low iron formula without iron supplementation, or infants older than 6 months receiving no dependable source of iron, which would include no iron-fortified formula, iron-fortified cereals, meats, or oral iron supplements. Fluoride supplementation is defined as 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm of fluoride. Unless you suspect fluoride problems in your area, it is not necessary to know the fluoride content of your water supply. If you are concerned about fluoride levels, contact your local health department or a dentist to assist in obtaining these values.

The question addressing a working stove and refrigerator, and running water is to identify participants who are homeless, and/or not able to store and/or prepare foods safely. This also would identify potential improper formula preparation and sterilization. This should help the

CPA select the proper food package for the client.

The question addressing abuse/neglect, **Code 901, Recipient of Abuse within Past Six Months**, provides the 1-800 National Domestic Violence Hotline. **It is mandatory, and the responsibility of the CPA, to report cases of abuse or neglect for all infants and children to the local child protective services.**

The last questions refer to the health care of the infant. Record the name of the physician/clinic where infant receives health care and immunizations and the length of time since the last visit. Referrals may be documented in the shaded “Comments” section.